

insertion/deletion (I/D) polymorphism was done using PCR amplification for detection of both the D and I alleles.

Results: Cases had a higher frequency of DD (28.4%) and ID (62.1%) genotypes than II (9.5%) genotype. Compared to controls, cases had a significantly higher frequency of ID genotype.

Conclusion: The angiotensin-converting enzyme gene I/D polymorphism is probably a risk factor for MI among Indian cases.

Clinical and economic outcomes of patients with coronary artery stenosis on the basis of fractional flow reserve measurement during daily practice

T. Rajesh

AIMS Hospital, Kochi, India

Background: A significant proportion of patients with borderline stenosis underwent PTCA without a prior functional evaluation. The FFR provides a well defined cut off value for deciding whether to revascularise or to defer intervention.

Methods: Ours was a single centre retrospective observational study of 125 patients between the year August 2011 to June 2014. There were 96 males and 29 females with a mean age of 60 years. FFR was done on 1 vessel in 96 patients, 2 vessels in 24 patients and 3 vessels in 4 patients. Intra coronary adenosine was used in 58 patients, Intravenous adenosine in 21 patients and both (IC & IV) in 451 patients. The maximum dosage of Intra coronary adenosine was 180 mg.

Results: Following FFR, patients were divided into 3 groups based on the FFR values.

Group-1: FFR <0.75, Group-2: FFR 0.75-0.80, Group-3: FFR >0.80.

- There were 26 patients in Group 1 (FFR <0.75) and 15 patients underwent PTCA, 9 patients had CABG and 2 patients were treated medically.
- In Group 2 (21 patients) 14 patients underwent PTCA, 4 patients were treated medically and 3 patients had CABG.
- In Group 3 (FFR >0.80) out of 97 patients 85 patients were treated medically, 10 patients had PTCA and 2 patients had CABG. In the 85 patients (100 vessel segments) 100 stents were considered saved (Economic saving).

Patients were followed up for 3 years. 8 patients were eligible for 3 year follow up. 6 patients were asymptomatic, 1 patient had class-2 angina.

28 patients were eligible for 2 years follow up. 22 patients were asymptomatic, 1 patient had SCD and 1 patient had NSTEMI.

50 patients were eligible for 1 year follow up. 46 patients were asymptomatic.

Conclusion: Deferral of PCI in borderline lesion based on FFR measurement is safe in daily clinical practice and is also a cost reducing strategy.

Association of tobacco usage (both smokeless and smoked forms) on carotid intima media thickness in coronary artery disease patients

S. Pruthi, A. Aggarwal, A. Goel

University College of Medical Sciences (University of Delhi) – GTB Hospital, Delhi, India

Introduction: though smoking has been characteristically linked to increased cardiovascular risk and mortality, the stand on

smokeless tobacco is still debatable. The present study aims to ascertain the association of tobacco usage (both smokeless and smoked forms) on carotid intima media thickness (CIMT) in patients with pre-existing coronary artery disease (CAD).

Methodology: The analysis of the records of all 357 patients with coronary artery disease, attending the preventive cardiology clinic at a tertiary care hospital in New Delhi, between 2008 and 2013 was undertaken for the current study. The records contained details of medical history, physical examination, demographic characteristics, biochemical parameters, electrocardiograms, and CIMT measures using duplex ultrasound (US) scans.

Results & Discussion: Of the 357 patients in this study, 84 were females, 273 were males, with a mean age of 48.6±13.17 years, of whom 61 were known diabetics and 101 had long standing hypertension. 189 were smokers, 22 used only smokeless tobacco and 146 used both forms of tobacco.

The mean CIMT (mCIMT) values for 357 individuals were 0.77±0.23mm. With increasing age, there was an increase in mCIMT (correlation coefficient=0.23, p<0.001). Mean TC was 153.8±39.5 mg/dl, HDL was 35.8±9.66 mg/dl, LDL was 89.9±30.6 mg/dl, TG was 135.9±80.3 mg/dl.

There was a statistically significant correlation between usage of tobacco in both smokeless and smoked form with increase in mCIMT (p<0.001). Additionally, increased duration and frequency of tobacco usage was associated with increased CIMT (p<0.001), not surprisingly. Usage of both forms together did not reproduce a statistically significant change in mCIMT over usage of a single form.

Conclusion: In this study of mCIMT was increased in patients using tobacco in both smokeless and smoked form. This signifies that, the present trend towards transitioning patient from smoked to smokeless form in de-addiction does not seem to translate to any benefit as far as decreased cardiovascular risk is concerned, and hence emphasis should be laid on complete stoppage of tobacco use in both forms in such patients.

Outcomes & long term follow up of 976 outpatients' Trans Radial diagnostic procedures in a tertiary care Hospital

T. Rajesh

AIMS Hospital, Kochi, India

Background: Trans Radial diagnostic procedures have essentially replaced Trans Femoral procedures in many hospitals across the world. Very little data is available on the safety and long term outcome of patients subjected to outpatient Trans Radial diagnostic procedures.

Methods: We performed 976 outpatient Trans Radial procedures between March 2007 and May 2014. Without admitting patients, they were triaged into a radial lounge and shifted to Cathlab for procedure. All patients had Trans Radial access Coronary Angiogram and were sent home 4 hours after observation in the lounge. 775 Patients were contacted telephonically and outcomes gathered. All the procedures were performed with 6 Fr Terumo sheath and 6 Fr Tiger (Terumo) was the most commonly used diagnostic catheter. Nikorandil was the cocktail used in majority of patients catheters. Hemostasis was achieved with manual compression with a locally designed bandage which was kept for 4 hours.

Results: Radial access was achieved in 97 percent of patients. 3% (32) patients were crossed over to femoral access for a variety of